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| **Work Plan:**  |  |
|  | **New Direct Care Program, Strategy or Initiative Title**  | **Hours/Project Cost** | **Description** | **Purpose and Objective** | **Requested Funding** *\*Cannot be used to replace, supplement or supplant any and all existing efforts and expenses.* | **Implementation timeline** *\*Completion Date (must not extend past March 31, 2025).* | **Measurable outcomes** |
|  | *Statement of new direct care workforce activity.****For example;****New apprentice position.* | *# of hours, multiplied by rate = total cost.****For example;*** *Apprentice staff for 15 hours per week @ $20.00/per hour = $300 per week for 20 weeks = $6,000; plus associated employer benefits expenses.* | *Detailed description.* ***This information must correspond with the budget sheet and budget narrative.******For example;*** *New apprentice staff from local college for 15 hours per week @ $20.00/per hour = $300 per week for 20 weeks = $6,000; plus associated employer benefits expenses. This will engage the student for continued employment and provide on the job experience.* |  |  | ***For example;*** *20 Weeks upon contract approval.* |  |
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